


DFW 2874 \$1

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|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> | <b>Complete if known</b>                |
|                                                                                                                              | Application Number: 10/071,261          |
|                                                                                                                              | Filing Date: February 7, 2002           |
|                                                                                                                              | First Named Inventor: Steinberg, et al. |
|                                                                                                                              | Group Art Unit: 2874                    |
| Examiner Name: Healy, Brian                                                                                                  | Attorney Docket Number: ACT - 181       |
| Total Amt. of Payment: (1)+(2)+(3)= <b>\$180</b>                                                                             |                                         |

| METHOD OF PAYMENT (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
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| <p>1. The Commissioner is hereby authorized to:</p> <p><input type="checkbox"/> Charge indicated fees</p> <p><input checked="" type="checkbox"/> Charge additional fees</p> <p><input checked="" type="checkbox"/> Credit overpayments</p> <p style="margin-left: 20px;">to the account of DANN, DORFMAN, HERRELL &amp; SKILLMAN</p> <p style="margin-left: 20px;">Deposit Account Number <u>04-1406</u></p> <p>2. Payment enclosed:</p> <p style="margin-left: 100px;">Check in the amount of <u>\$180</u></p>                                                                                                                                                                  | <p><b>ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 80%;">Fee Description</th> <th style="text-align: left; width: 20%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Surcharge-late filing fee or oath</td><td>_____</td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td>_____</td></tr> <tr><td>Extension for response within first month</td><td>_____</td></tr> <tr><td>Extension for response within second month</td><td>_____</td></tr> <tr><td>Extension for response within third month</td><td>_____</td></tr> <tr><td>Extension for response within fourth month</td><td>_____</td></tr> <tr><td>Notice of Appeal</td><td>_____</td></tr> <tr><td>Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td>Request for oral hearing</td><td>_____</td></tr> <tr><td>Petition to revive unavoidably abandoned application</td><td>_____</td></tr> <tr><td>Petition to revive unintentionally abandoned application</td><td>_____</td></tr> <tr><td>Issue fee</td><td>_____</td></tr> <tr><td>Petitions to the Commissioner</td><td>_____</td></tr> <tr><td>Petitions related to provisional applications</td><td>_____</td></tr> <tr><td>Submission of Information Disclosure Stmt.</td><td style="text-align: right;">180</td></tr> <tr><td>Recording each patent assignment per property</td><td>_____</td></tr> <tr><td>Other fee (specify) <u>Advance Order (10 copies)</u></td><td>_____</td></tr> <tr><td>Other fee (specify)</td><td>_____</td></tr> <tr> <td style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;"><b>\$0</b></td> </tr> </tbody> </table> | Fee Description | Fee Paid           | Surcharge-late filing fee or oath | _____             | Surcharge - late provisional filing fee or cover sheet | _____            | Extension for response within first month | _____              | Extension for response within second month | _____                  | Extension for response within third month | _____               | Extension for response within fourth month | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Notice of Appeal | _____ | Filing a brief in support of an appeal | _____ | Request for oral hearing | _____ | Petition to revive unavoidably abandoned application | _____    | Petition to revive unintentionally abandoned application | _____ | Issue fee | _____    | Petitions to the Commissioner              | _____ | Petitions related to provisional applications | _____ | Submission of Information Disclosure Stmt. | 180 | Recording each patent assignment per property | _____      | Other fee (specify) <u>Advance Order (10 copies)</u> | _____ | Other fee (specify) | _____ | <b>SUBTOTAL (1)</b> | <b>\$0</b> |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Surcharge-late filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Surcharge - late provisional filing fee or cover sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Extension for response within first month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Extension for response within second month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Extension for response within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Extension for response within fourth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Notice of Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Filing a brief in support of an appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Request for oral hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Petition to revive unavoidably abandoned application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Petition to revive unintentionally abandoned application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Issue fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Petitions to the Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Petitions related to provisional applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Submission of Information Disclosure Stmt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Recording each patent assignment per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Other fee (specify) <u>Advance Order (10 copies)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Other fee (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| <b>SUBTOTAL (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| <p style="text-align: center;"><b><u>FEE CALCULATION</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 70%;">1. FILING FEE</th> <th style="text-align: left; width: 30%;">Fee</th> </tr> </thead> <tbody> <tr><td>Utility filing fee</td><td>_____</td></tr> <tr><td>Design filing fee</td><td>_____</td></tr> <tr><td>Plant filing fee</td><td>_____</td></tr> <tr><td>Reissue filing fee</td><td>_____</td></tr> <tr><td>Provisional filing fee</td><td>_____</td></tr> <tr> <td style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;"><b>\$0</b></td> </tr> </tbody> </table> | 1. FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fee             | Utility filing fee | _____                             | Design filing fee | _____                                                  | Plant filing fee | _____                                     | Reissue filing fee | _____                                      | Provisional filing fee | _____                                     | <b>SUBTOTAL (1)</b> | <b>\$0</b>                                 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 70%;">2. Claims</th> <th style="text-align: left; width: 10%;">Paid</th> <th style="text-align: left; width: 10%;">Extr</th> <th style="text-align: left; width: 10%;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-</td> <td>= 0</td> <td>x 18 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>-</td> <td>= 0</td> <td>x 84 = 0</td> </tr> <tr> <td>Multiple Dependent<br/>(First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td></td> <td></td> <td style="text-align: right;"><b>\$0</b></td> </tr> </tbody> </table> | 2. Claims        | Paid  | Extr                                   | Fee   | Total Claims             | -     | = 0                                                  | x 18 = 0 | Independent Claims                                       | -     | = 0       | x 84 = 0 | Multiple Dependent<br>(First presentation) |       |                                               |       | <b>SUBTOTAL (2)</b>                        |     |                                               | <b>\$0</b> |                                                      |       |                     |       |                     |            |
| 1. FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Utility filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Design filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Plant filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Reissue filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Provisional filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| <b>SUBTOTAL (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| 2. Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Extr            | Fee                |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | = 0             | x 18 = 0           |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | = 0             | x 84 = 0           |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| Multiple Dependent<br>(First presentation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                    |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |
| <b>SUBTOTAL (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <b>\$0</b>         |                                   |                   |                                                        |                  |                                           |                    |                                            |                        |                                           |                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                                        |       |                          |       |                                                      |          |                                                          |       |           |          |                                            |       |                                               |       |                                            |     |                                               |            |                                                      |       |                     |       |                     |            |

Submitted By: \_\_\_\_\_

Typed or \_\_\_\_\_

Printed Name Nick Haun Reg. Number 48,488

Signature Nick Haun Date August 2, 2004 Deposit Account User ID 04-1406



# FEE TRANSMITTAL

## Complete if known

Application Number: 10/071,261

Filing Date: February 7, 2002

First Named Inventor: Steinberg, et al.

Group Art Unit: 2874

Examiner Name: Healy, Brian

Total Amt. of Payment: (1)+(2)+(3)= **\$180**

Attorney Docket Number: ACT - 181

### METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to:

☐ Charge indicated fees

☒ Charge additional fees

☒ Credit overpayments

to the account of DANN, DORFMAN, HERRELL & SKILLMAN

Deposit Account Number 04-1406

2. Payment enclosed:

Check in the amount of \$180

### FEE CALCULATION

#### 1. FILING FEE

##### Fee Description

Utility filing fee

Design filing fee

Plant filing fee

Reissue filing fee

Provisional filing fee

Fee

SUBTOTAL (1) \$0

### FEE CALCULATION (continued)

#### ADDITIONAL FEES

##### Fee Description

##### Fee Paid

Surcharge-late filing fee or oath

Surcharge - late provisional filing fee or cover sheet

Extension for response within first month

Extension for response within second month

Extension for response within third month

Extension for response within fourth month

Notice of Appeal

Filing a brief in support of an appeal

Request for oral hearing

Petition to revive unavoidably abandoned application

Petition to revive unintentionally abandoned application

Issue fee

Petitions to the Commissioner

Petitions related to provisional applications

Submission of Information Disclosure Stmt.

180

Recording each patent assignment per property

Other fee (specify) Advance Order (10 copies)

Other fee (specify)

SUBTOTAL (3) \$180

#### 2. Claims

Paid Extr Fee

Total Claims - = 0 x 18 = 0

Independent Claims - = 0 x 84 = 0

Multiple Dependent

(First presentation)

SUBTOTAL (2) \$0

Submitted By:

Typed or

Printed Name Nigel Haun

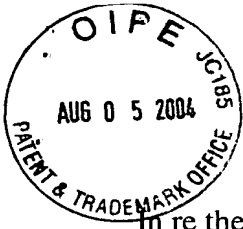
Reg. Number 48,488

Deposit Account User ID

Signature

Date August 2, 2004

04-1406



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of **Steinberg, et al.**  
Application No. **10/071,261**  
Attorney Docket No. **ACT - 181**  
Filed: **February 7, 2002**  
For: **Combined Wet and Dry Etching Process for  
Micromachining of Crystalline Materials**  
Examiner: **Healy, Brian**  
Group Art Unit: **2874**

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this Correspondence is being deposited on the date identified below with the United States Postal Service as first-class mail in an envelope properly addressed to Commissioner for Patents, Alexandria, VA 22313-1450

8/2/04  
Date of Certificate

Robin Dolan  
Robin Dolan

Commissioner for Patents  
Alexandria, VA 22313-1450

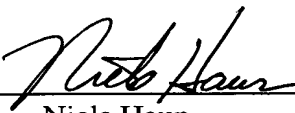
**INFORMATION DISCLOSURE STATEMENT  
UNDER 37 C.F.R. § 1.97**

In compliance with the duty of disclosure set forth in 37 C.F.R. § 1.56, Applicants are submitting herewith a Form PTO-1449 and a copy of the references listed thereon. This Information Disclosure Statement is being filed more than three months after the filing date of this application, and after receipt of the first Official Action on the merits, but before receipt of a Final Official Action or an Notice of Allowance. Accordingly, the fee required under 37 C.F.R. 1.97(c) is enclosed. In the event the enclosed fee is in error, the Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit account no. 04-1406.

Applicants respectfully request full and proper consideration of the listed information during examination of the application, and that the listed information be printed on any patent that issues therefrom.

Respectfully submitted,

DANN, DORFMAN, HERRELL & SKILLMAN  
A Professional Corporation  
Attorneys for Applicant(s)

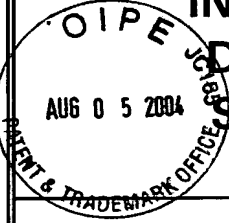
By   
Niels Haun  
PTO Registration No. 48,488

Telephone: (215) 563-4100

Facsimile: (215) 563-4044

Enclosures - Form PTO-1449

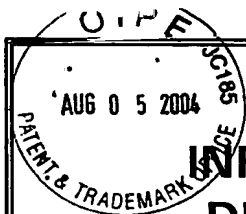
Copies of references listed on PTO - 1449

|                                                                                                                          |                                         |                                   |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|
|  <b>INFORMATION DISCLOSURE STATEMENT</b> | <i>Complete if known</i>                |                                   |
|                                                                                                                          | Application Number: 10/071,261          |                                   |
|                                                                                                                          | Filing Date: February 7, 2002           |                                   |
|                                                                                                                          | First Named Inventor: Steinberg, et al. |                                   |
|                                                                                                                          | Group Art Unit: 2874                    |                                   |
|                                                                                                                          | Examiner Name: Healy, Brian             |                                   |
| SHEET 1 OF 3                                                                                                             |                                         | Attorney Docket Number: ACT - 181 |

| UNITED STATES PATENT DOCUMENTS |          |               |                          |                      |
|--------------------------------|----------|---------------|--------------------------|----------------------|
| EXAMINER'S INITIALS            | CITE NO. | PATENT NUMBER | ISSUE DATE<br>MM-DD-YYYY | FIRST NAMED INVENTOR |
|                                |          | 4021097       | 05/03/1977               | McMahon              |
|                                |          | 4181400       | 01/01/1980               | Malsot, et al.       |
|                                |          | 4225213       | 09/30/1980               | McBride, Jr., et al. |
|                                |          | 4253735       | 03/03/1981               | Kawamura, et al.     |
|                                |          | 4362367       | 12/07/1982               | Hammer, et al.       |
|                                |          | 4411057       | 10/25/1983               | Duda, et al.         |
|                                |          | 4601541       | 07/22/1986               | Shaw, et al.         |
|                                |          | 4683560       | 7/28/1987                | Takeuchi, et al.     |
|                                |          | 4706061       | 11/10/1987               | Johnson              |
|                                |          | 4784721       | 11/15/1988               | Holmen; et al.       |
|                                |          | 4812002       | 03/14/1989               | Kato, et al.         |
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|                                |          | 4957592       | 09/18/1990               | O'Neill              |
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|                                |          | 5135590       | 08/04/1992               | Basavanhally, et al. |
|                                |          | 5281301       | 01/25/1994               | Basavanhally         |
|                                |          | 5339377       | 08/16/1994               | Takahashi            |

|                      |  |                 |  |
|----------------------|--|-----------------|--|
| EXAMINER'S SIGNATURE |  | DATE CONSIDERED |  |
|----------------------|--|-----------------|--|

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw a line through citation if citation not in conformance and reference not considered. Include a copy of this form with next communication to applicant.



# INFORMATION DISCLOSURE STATEMENT

SHEET 2 OF 3

*Complete if known*

Application Number: 10/071,261

Filing Date: February 7, 2002

First Named Inventor: Steinberg, et al.

Group Art Unit: 2874

Examiner Name: Healy, Brian

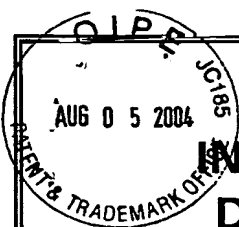
Attorney Docket Number: ACT - 181

|  |  |              |            |                     |
|--|--|--------------|------------|---------------------|
|  |  | 5357593      | 10/18/1994 | Bossler             |
|  |  | 5381231      | 01/10/1995 | Tu                  |
|  |  | 5384872      | 01/24/1995 | Jacobs-Cook, et al. |
|  |  | 5440657      | 08/08/1995 | Essert              |
|  |  | 5507911      | 04/16/1996 | Greiff              |
|  |  | 5760305      | 06/02/1998 | Greiff              |
|  |  | 5781675      | 07/14/1998 | Tseng, et al.       |
|  |  | 5844723      | 12/01/1998 | Snyder              |
|  |  | 5852308      | 12/22/1998 | Wood                |
|  |  | 5886249      | 03/23/1999 | Bonne, et al.       |
|  |  | 5896481      | 04/20/1999 | Beranek, et al.     |
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|  |  | 6088168      | 06/11/2000 | Snyder              |
|  |  | 6146917      | 11/14/2000 | Zhang, et al.       |
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|  |  | 6428053      | 08/06/2002 | Tai, et al.         |
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|  |  | 6553173      | 04/22/2003 | Goto                |
|  |  | 2003/0059622 | 03/27/2003 | Steinberg, et al.   |
|  |  | 2003/0034438 | 02/20/2003 | Sherrer, et al.     |
|  |  | 2002/0195417 | 12/26/2002 | Steinberg           |
|  |  | 2003/0021572 | 01/30/2003 | Steinberg           |
|  |  | 2003/0067049 | 04/10/2003 | Steinberg, et al.   |

EXAMINER'S  
SIGNATURE

DATE  
CONSIDERED

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw a line through citation if citation not in conformance and reference not considered. Include a copy of this form with next communication to applicant.



# INFORMATION DISCLOSURE STATEMENT

SHEET 3 OF 3

*Complete if known*

Application Number: 10/071,261

Filing Date: February 7, 2002

First Named Inventor: Steinberg, et al.

Group Art Unit: 2874

Examiner Name: Healy, Brian

Attorney Docket Number: ACT - 181

## FOREIGN PATENT DOCUMENTS

| EXAMINER'S INITIALS | CITE NO. | DOCUMENT NUMBER | COUNTRY OR REGION | DATE OF PUBLICATION<br>MM-DD-YYYY | FIRST NAMED INVENTOR OR APPLICANT |
|---------------------|----------|-----------------|-------------------|-----------------------------------|-----------------------------------|
|                     |          | 03/008139       | WO                | 01/30/2003                        | Steinberg                         |

## OTHER PRIOR ART - NON-PATENT DOCUMENTS

| EXAMINER'S INITIALS | CITE NO. | Include name of the author (in Capital Letters), title of the article (when appropriate), title of the item(book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published |
|---------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     |          | BRUGGER, J., et al., "Self-aligned 3D shadow mask technique for patterning deeply recessed surfaces of micro-electro-mechanical systems devices", Sensors and Actuators 76, pp. 329-334. 1999.                                                                |
|                     |          | FLEMING, J.G., "Combining the best of bulk and surface micromachining using Si{111} substrates", SPIE Vol. 3511, pp. 162-168. September 1998.                                                                                                                 |
|                     |          | MADOU, Marc, "Fundamentals of Fabrication", CRC Press, pp. 174-178, 1997.                                                                                                                                                                                     |

EXAMINER'S  
SIGNATURE

DATE  
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